Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I							SMALL E	NTITY		OTHER	
FOI	<u> </u>		(Column 1) NUMBER FILED		(Column 2)		TYPE [OR	SMALL	
FOR .		NOMBE	n FILED	NUMBER EXTRA		Ļ	RATE	FEE		RATE	FEE
BASIC FEE								345.00	OR		690.00
TOTAL CLAIMS			minus 20	= *			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS / minus 3 = *							X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	690 W
CLAIMS AS AMENDED - PART II							!			OTHER	THAN
(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	NTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total _	*	Minus	**	₹		X\$_9=		OR	X\$18=	
AME	independent		Minus	***	=		X39=		- OR	X78≡	
Ш	FIRST PRESE	NTATION OF MU	JUIPLE DEPL	ENDENT CLAIM		ן נ	+130=		OR	+260=	
						I	TOTAL			TOTAL	
						,	ADDIT. FEE		OR	ADDIT. FEE	
<u> </u>		(Column 1) CLAIMS	TV-202-202-24	(Column 2) HIGHEST	(Column 3)	١,					
ENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=		X\$ 9=		OR	X\$18=	,
AME	Independent	*	Minus	***	<u> </u> =	┨┃	X39=		OR	X78=	
H	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT CLAIM]	+130=		OR	+260=	
							TOTAL ADDIT. FEE		OB	TOTAL ADDIT. FEE	<u>`</u>
		(Column 1)		(Column 2)	(Column 3)		ADDII. FEE		•	ADDII. PEE	
	V4D-201	CLAIMS		HIGHEST		1		ADDI-		<u> </u>	ADDI
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
NOW	Total	*	Minus .	**	=] [X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=		X39=		OR	X78=	<u> </u>
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										
			ha amborio est	Oit = #O? !	alumma 2		+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL	

FORM **PTO-875** (Rev. 12/99)

This Form is for INTERNAL PTO USE ONLY It was NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: UTGLOO318K

Total Fee Calculation

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English Fourtlanda	179						
TOTAL FEE CALCULA	<u> F(()),(</u>					·	820.0
Fees due पड़का विशित्र क्ष	e applement						
Total Filing Fees Due	·	820,0					
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BALANCE DUE	= 5	820.00					
12. Wille	Indee						
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FORM OIPE-RAM-01 (Rev. 1297)